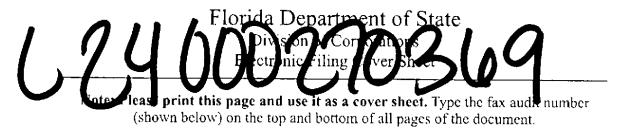
14/6/24, 12:41

Division of Corporations



(((H24000208214 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

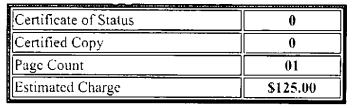
Account Name : STRATEGIC LEGAL SOLUTIONS, LLC

Account Number : I20230000140 Phone : (305)722-7090 Fax Number : (305)424-1050

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

EMBIT AUDICSS. INTOMSMOTEATCHIEFULCOM	Email A	Address:	info@smulevichlegal.com	
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FLORIDA LIMITED LIABILITY CO. ADIRA GROUP, LLC



H24000208214.3

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADIRA GROUP LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

From: 3054241050

Principal Office Addre	<u>55</u> :

Mailing Address:

19790 W. Dixie Hwy Suite 611

Aventura, FL 33180

19790 W. Dixie Hwy Suite 611

Aventura, FL 33180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

_			
200	hatatan	Agents	20

	Name			
7901 4th St N		STE 300		
Florida street addres	s (P.O. Box 🔀	OT acceptable)		
St. Petersburg	FL	33702		
City	State	Zin		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

David Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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From: 3054241050

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Mem "MGR" = Manager	her
MGR = Manager	Stisman, Fernando Pablo
WOK	19790 W. Dixie Hwy Suite 611
	Aventura_EL_33180
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other th	nan the date of filing: (OPTIONAL)
(If an effective date is listed, the date	must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	does not meet the applicable startitory filing requirements, this date will not be listed as
the document's effective date on the D	epartment of State's records.
ARTICLE VI: Other provisions, if any.	
DECLUDED CICK LTUDE.	ship a
<u>REOUIRED</u> SIGNATURE:	And the second
Signati	re of a member or an authorized representative of a member.
This document	at is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware th	at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.
Sabrin	a Smulevich, Esq
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)